

BELLEVILLE HENDERSON CENTRAL SCHOOL
8372 County Route 75, Adams, NY, 13605

**Permission for Insect Repellent Use at School/School Sponsored Events
To Be Completed by Parent/Guardian- Valid for 1 Year**

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

Insect repellants can be effective at reducing bites from ticks and insects, they are not without health risks. Children wear appropriate clothing (i.e. light-colored, long sleeves, pants) for the activity, to minimize the need for insect repellent. Whenever possible, apply insect repellent at home before sending your child to school.

Students may use insect repellents at school and school-sponsored events with written parent/guardian permission. If a student cannot apply tick repellents themselves, a staff member may assist them. It is important to follow product directions and wash your hands after applying insect repellent.

Check the Options You Approve Below

- I allow my child or school staff to apply his/her **own** EPA registered insect repellent
Name of Repellent: _____
as needed to exposed skin according to product directions to protect against ticks and tick-borne disease. Please supply only lotions, wipes, or non-aerosol spray (no cans allowed) repellents to reduce excess spray during application.
- I allow my child or school staff member to apply a **school provided** EPA registered insect repellent
Name of Repellent: _____
as needed to exposed skin according to product directions to protect against ticks and tick-borne disease.

Parent/Guardian Signature and Contact Information

Name:	Date
Signature:	Phone

Return to:

School Nurse: Crystal Hemingway RN / Karen Bertram RN School: Belleville Henderson CSD

Phone: 315-846-5323 Fax: 315-846-5617

Email: Chemingway@bhpanthers.org or Kbertram@bhpanthers.org